Flu Surveillance and Related Disease Updates for Los Angeles County

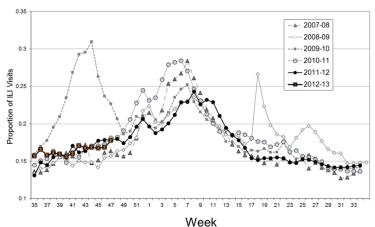
November 30, 2012

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Influenza in November

Local respiratory disease activity in Los Angeles County (LAC) is low thus far for the 2012-13 season (Figure 1). Future data will determine whether the one-week increase in influenza-like illness (ILI) ED visits over that of the previous four weeks represents a trend in increased activity. Influenza continues to be detected in LAC (Table 1) at very low levels, with other viruses such as rhinovirus, RSV and parainfluenza the most prevalent respiratory viruses (Figure 2) to date.

Figure 1
Influenza-like Illness ED Visits in LA County (2007-2013)
Surveillance Week 47 (week ending November 23)



Remember to Vaccinate!

Every flu season is different, and influenza infection can affect people differently. Even healthy people can get very sick from the flu and spread it to others. Over a period of 31 seasons between 1976 and 2007, estimates of fluassociated deaths in the United States range from a low of about 3,000 to a high of about 49,000 people. During a regular flu season, about 90 percent of deaths occur in people 65 years and older. The "seasonal flu season" in the United States can begin as early as October and last as late as May.

Influenza typically does not peak in Los Angeles County until mid-February, so vaccination is still effective and important even after the New Year.

During the flu season, flu viruses are circulating in the population. An annual seasonal flu vaccine (either the flu shot or the nasal-spray flu vaccine) is the best way to reduce the chances of getting seasonal flu and lessen the chance of spreading it to others.

Need to find a flu shot?

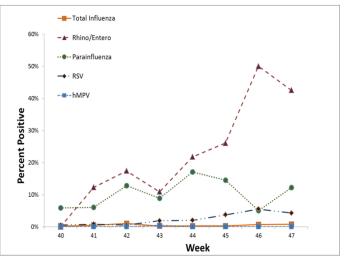
Visit: http://publichealth.lacounty.gov/ip/flu/FluLocatorMain.htm

Table 1
LA County Surveillance Summary (2012-2013)
Surveillance Week 47

LA County Surveillance Summary	Wk 47	2012-2013 Season YTD
Positive Flu Tests / Total Tests (Percent Positive Flu Tests)	2/ 264 (0.8%)	15 / 3,179 (0.5%)
Percent Flu A / B	100/0	67 / 33
Positive RSV Tests / Total Tests (Percent Positive RSV Tests)	8 /187 (4.3%)	49 / 2,469 (2.0%)
Community Respiratory Outbreaks, Reported	0	1
Flu Deaths, Confirmed (Pediatric Deaths, Confirmed)	*	0 (0)

^{*} Due to the lag time in reporting and confirmation of cause, weekly flu death data is delayed.

Figure 2: Respiratory Viruses in LA County Percent Positive Cases by MMWR Week





Re-Thinking Antibiotic Use

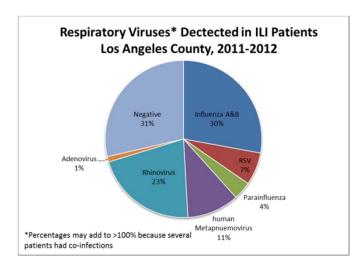
Two recent studies published in the Archives of Internal Medicine show that the overuse of antibiotics remains high, particularly in respiratory infections. Over 80% of those diagnosed with sinusitis were given prescriptions often for broad spectrum antibiotics despite that the most common causes of sinusitis are viruses and not bacteria.

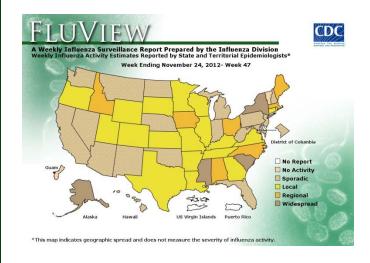
This winter, as patient visits to healthcare providers for influenza-like (ILI) symptoms (fever plus cough or sore throat) increase, so do patient expectations for antibiotic treatment and providers anticipation of these treatment expectations.

Thus providers are encouraged to think twice about prescribing antibiotics for stable patients with ILI symptoms. Data from LAC DPH sentinel surveillance during the past two years reveal that almost 70% of ILI patients have a respiratory virus (see below). Further, most cases of pharyngitis, rhinosinusitis, and bronchitis are due to viruses, and antibiotics are not routinely recommended for these diagnoses.

Take home message: ILI illness is most likely due to a virus and does not need to be treated with antibiotics.

CDC collaborated physician groups to develop principles of appropriate antibiotic use for respiratory tract infections. The guidelines can be found here: http://tinyurl.com/6rfurjk





Nationally, flu activity is increasing. As of week 47 (ending November 24), four states reported widespread activity (Alaska, Mississippi, New York, South Carolina); seven states reported regional levels of activity; 19 states reported local activity. Sporadic influenza activity was reported by California and 17 other states, with no activity reported by one state.

Components of the 2012-2013 Flu Vaccine

The 2012-2013 seasonal influenza vaccine is made from the following three vaccine viruses:

- an A/California/7/2009 (H1N1)pdm09-like virus;
- an A/Victoria/361/2011 (H3N2)-like virus;
- a B/Wisconsin/1/2010-like virus (from the B/Yamagata lineage of viruses).

While the H1N1 virus used to make the 2012-2013 flu vaccine is the same virus that was included in the 2011-2012 vaccine, the recommended influenza H3N2 and B vaccine viruses are different from those in the 2011-2012 influenza vaccine.

Questions about reporting flu-related deaths or respiratory outbreaks this season?

Call Acute Communicable Disease Control At 213-240-7941

